

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 1543

Primary Registration District No. 3007

Registrar's No. 157

1. PLACE OF DEATH:  
(a) County Butler  
(b) City or town Poplar Bluff, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
731 Cynthia St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution, write street number or location  
5 Mo (Specify whether years, months or days)

3. (a) PRINT FULL NAME Patricia Kay Sisco  
3. (b) If veteran, name war. .... 3. (c) Social Security No. ....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MS  
6. (b) Name of husband or wife .... 6. (c) Age of husband or wife if alive, years  
7. Birth date of deceased Nov. 30, 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
5 12 hr. .... min.

9. Birthplace Poplar Bluff, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation ....

11. Industry or business ....

12. Name Albert Sisco  
13. Birthplace Wayne Co., Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Edith Blackwell  
15. Birthplace Lillbuen, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Sisco

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 5/13/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau, Mo.

18. (a) Signature of funeral director Frank C. Trell

(b) Address Poplar Bluff, Mo.

19. (a) 5-12-43 (b) Belle Stinner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Butler  
(c) City or town Poplar Bluff, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 731 Cynthia St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12  
year 1943 hour 2:20 minute A. M.

21. I hereby certify that I attended the deceased from 4/27/43  
....., 19....., to 5/12/43, 19.....;  
that I last saw her alive on 5/11/43, 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to .....  
Due to ..... 108

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None  
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) No.  
(b) Date of occurrence .....  
(c) Where did injury occur? ..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury .....

23. Signature Wm. K. Ketchum (M. D. or other) .....  
Address Poplar Bluff, Mo. Date signed .....

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2,

District File Number 643-711

Date Filed 6-1-43

---

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3567

P. O. Address..... Poplar Bluff, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.